



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE

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DIVISION OF PROFESSIONAL REGULATION

**BOARD OF FUNERAL SERVICES
APPLICATION FOR FUNERAL ESTABLISHMENT PERMIT**

IDENTIFYING INFORMATION

1. Establishment Name _____
2. Establishment Address _____

City State Zip
3. Telephone _____ Fax _____ Email _____

MANAGEMENT/OWNERSHIP INFORMATION

4. Establishment Manager's Name _____
5. Manager's Delaware Funeral Director License # _____
6. Is manager's license displayed in any other Delaware Funeral Establishment? Yes ____ No ____
7. Manager's Primary Residence _____

City State/Zip
8. Manager's Home Telephone _____
9. Establishment Owner's Name _____
10. Owner's Address _____

City State/Zip
11. Name of Owner of Land on which Establishment is Built _____
12. Landowner's Address _____

City State/Zip

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13. If the owner named in either Question 9 or 11 is a corporation, complete the following:

	<u>Establishment (Question 9)</u>	<u>Land (Question 11)</u>
State in which Incorporated	_____	_____
Names & Titles of Corporate Officers	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

INFORMATION ABOUT ESTABLISHMENT'S FACILITIES

14. Is the property on which the establishment is located properly zoned by the local zoning authority? Yes____No____
15. Has the funeral establishment acquired all the appropriate business licenses issued by the State Division of Revenue? Yes____No____
16. When will the establishment begin operation? _____
(mo/day/yr)
17. Does the building contain an area for the convenience of the bereaved for viewing and other services? Yes____No____
18. Does the building contain an office or other place in which business matters associated with funeral services are conducted? Yes____No____
19. Does the building contain a locked preparation room? Yes____No____

If "No," which establishment of the business contains a preparation room?

_____	_____	_____
Street	City	State/Zip

If "Yes," check whether the preparation room contains each of the following:

Embalming machine and table	Yes____No____
Aspirator	Yes____No____
Embalming instruments	Yes____No____
Embalming fluids	Yes____No____
Operating drainage system	Yes____No____
Operating ventilation system	Yes____No____
Syringes, needles and surgical supplies	Yes____No____

